

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000103238 (7)**

1. Corporation Name
FTBA MUTUAL, INC.

Principal Place of Business
**2650 APLACHEE PARKWAY
TALLAHASSEE FL 32301**

Mailing Address
**2650 APLACHEE PARKWAY
TALLAHASSEE FL 32301-4829**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/24/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2445255	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

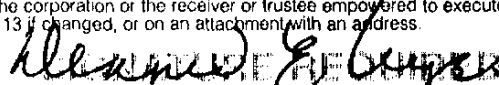
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TREASURER AND INSURANCE COMMISSIONER OF FL THE CAPITAL BUILDING TALLAHASSEE FL 32399		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSBERRY, WILLARD R	1.2 NAME	ELSBERRY, WILLARD R
STREET ADDRESS	4733 BURGANDY PLACE	1.3 STREET ADDRESS	4733 BURGANDY PLACE
CITY - ST - ZIP	LAKELAND FL 33801	1.4 CITY - ST - ZIP	LAKELAND FL 33801
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, LUCY B	2.2 NAME	
STREET ADDRESS	8740 EPPING FOREST	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32217	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLESON, ROBERT G	3.2 NAME	
STREET ADDRESS	1260 LIVE OAK PLANTATION ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32312	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWARE, JAMES F	4.2 NAME	
STREET ADDRESS	8739 LAKEVIEW DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	YALAHUA FL 34797	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, CHARLES W III	5.2 NAME	
STREET ADDRESS	15847 HALES PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32301	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYE, DENNIS E	6.2 NAME	NYE, DENNIS E
STREET ADDRESS	5503 TOURAINE DRIVE	6.3 STREET ADDRESS	5503 TOURAINE DRIVE
CITY - ST - ZIP	TALLAHASSEE FL 32308	6.4 CITY - ST - ZIP	TALLAHASSEE FL 32308

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

DENNIS E. NYE 4/24/97 (904) 656-7867

Date Daytime Phone # 0000274

CR2E034 (9/96)